
AXIAL SPINAL STABILIZATION

FIELD ASSESSMENT/TREATMENT INDICATORS

Any patient in which axial spinal stabilization is clinically indicated, including but not limited to:

- Mechanism of injury
- Soft tissue damage associated with trauma
- Any blunt trauma above the clavicles
- Unconscious patients where the mechanism of injury is unknown

All intubated Neonatal and Pediatric patients

BLS INTERVENTIONS

1. Apply manual axial stabilization.
2. Assess and document distal function before and after application.
3. For pediatric patients, if the level of the patient's head is greater than that of the torso, use approved pediatric spine board with a head drop or arrange padding on the board to keep the entire lower spine and pelvis in line with the cervical spine and parallel to the board.
4. For patients being placed on a board, consider providing comfort by placing padding on the backboard
5. Any elderly or other adult patient who may have a spine that is normally flexed forward, should be stabilized in their normal anatomical position.
6. When a pregnant patient is placed in axial spinal stabilization the board should be elevated at least 4inches on the left side to decrease pressure on their Inferior Vena Cava.
7. Certain patients may not tolerate normal stabilization positioning due to the location of additional injuries. These patients may require stabilization in their position of comfort. Additional materials may be utilized to properly stabilize these patients while providing for the best possible axial spinal alignment.

ALS INTERVENTIONS

ALS personnel may remove patients placed in axial spinal stabilization by First Responders and BLS personnel, if the patient does not meet **any** of the following indicators after a complete assessment and documentation on the patient care record.

1. Have cervical pain or pain to the upper 1/3 of the thoracic vertebrae. Spinal tenderness or pain, with or without movement of the head or neck, distal numbness, tingling, weakness or paralysis
2. Have altered mental status
3. Appear to be under the influence of alcohol or other drugs (even if the patient is alert and oriented)
4. Have additional sites of significant distracting pain or are experiencing emotional distress
5. Are less than 4 years of age
6. Are unable to adequately communicate with the EMS personnel due to a language barrier or other type of communication difficulty
7. Have any other condition that may reduce the patient's perception of pain